

## CLAIMS ONLY

Application Number

8/870 762

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8						
9		3				
10		3				
11	/					
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49						
50						
Total Indep	9					
Total Depend	20					
Total Claims	29					

\* May be used for additional claims or amendments

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51			Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						